



**TO: ATTORNEY/INSURANCE CARRIER**

ATTORNEY NAME	
ATTORNEY FIRM	
STREET ADDRESS	
CITY, STATE, ZIP CODE	

CLINIC NAME	
PROVIDER NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	

**AUTHORIZATION FOR RELEASE OF RECORDS & MEDICAL PROVIDER'S LIEN**

This agreement is made between Mountain Land Rehabilitation, Inc. (MLR) and \_\_\_\_\_ (Patient's Name) regarding injuries sustained on \_\_\_\_\_ (Date of Injury).

**RELEASE OF RECORDS:** I do hereby authorize MLR to furnish my attorney with all documentation related to evaluation and treatment of my injuries sustained on \_\_\_\_\_ (date of accident or injury).

**LIEN ON SETTLEMENT:** I hereby give a Lien to MLR on any settlement, claim, judgment, or verdict as a result of said accident / illness, and authorize and direct my attorney, to pay directly to MLR such sums as may be due and owing MLR for services rendered me, and to withhold such sums from such settlement, claim, judgment, or verdict as may be necessary to protect MLR adequately.

**ASSIGNMENT OF BENEFITS:** I further assign my claim or right to compensation for treatment expenses incurred with MLR arising from a tort or liability claim in connection with the accident or injury.

**IRREVOCABLE LIEN:** I understand that this Lien shall be irrevocable either by me or any other agent that represents me that in the event another attorney is substituted in the matter, the new attorney shall honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by the new attorney.

**RESPONSIBILITY FOR PAYMENT:** I understand that I am directly responsible to MLR for bills submitted for service rendered me, and that this agreement is made solely for MLR's additional protection and in consideration of awaiting payment. I further understand that such a payment is not contingent on any settlement, claim, judgment, or verdict by which I may eventually recover said fee.

A photocopy or facsimile of this executed instrument shall be considered as valid as the original.

Patient Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

The undersigned, being attorney of record, for the above patient does hereby acknowledge receipt of the above lien, and does agree to honor the same to protect adequately MLR. In additional consideration to the above, for executing this lien, MLR will provide the attorney with billing summaries and availability to discuss the patient's care on a reasonable basis.

Attorney Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

This form must be executed by both the patient and the patient's attorney before this clinic will consider waiting for payment of services rendered in this case. We will not accept any type of lien document other than this one in order for us to consent to a lien agreement.

Authorized Employee of Mountain Land Physical Therapy's Signature \_\_\_\_\_